

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004603

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 203

FILED FEB 13 1963

| | | | |
|--|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS,</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS,</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u> | | c. CITY OR TOWN <u>CLAYTON</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8140 PERSHING AVE</u> | | d. STREET ADDRESS (If outside, give location) <u>8140 PERSHING AVE</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CORNELIUS S. MOYNIHAN SR</u> | | 4. DATE OF DEATH Month Day Year <u>JAN 20, 1963</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/16/1877</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PLUMBER</u> | | 11. BIRTHPLACE (City and state or country) <u>IRELAND</u> | |
| 13a. FATHER'S NAME <u>JOHN MOYNIHAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SHEELY</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u> | | 17. INFORMANT Address <u>ROSE JEANNELLE 8140 PERSHING AVE</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>ASHA with early dreamy sleep</u> DUE TO (b) <u>ASHA with early dreamy sleep</u> DUE TO (c) <u>Coronary vascular disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary vascular disease</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1/20/63</u> to <u>1/20/63</u> and last saw him alive on <u>1/17/63</u> Death occurred at <u>5:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22b. ADDRESS <u>111 Church</u> | |
| 22a. SIGNATURE (Degree or title) <u>John B. Murphy MD</u> | | 22c. DATE SIGNED <u>1/21/63</u> | |
| 23a. BURIAL, CREATION, REMOVAL (Specify) <u>REMOVAL</u> | | 23b. DATE <u>1/23/63</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | | 23d. LOCATION (City, town, or county) <u>ST LOUIS MISSOURI</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-21-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u> | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Joseph J. Juby
111 Church St
St Louis, Mo 63101
80709

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

M W Rueter

Licensed Embalmer No.

4865

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.